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Attn: Examiner, Karen A. Canella  
Art Unit: 1642

FAX NO.: (703) 872-9307

DATE: January 8, 2004

FROM: Carol G. Mintz

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TOTAL NUMBER OF PAGES (INCLUDING THIS ONE) 24

COMMENTS: Re: U.S. Patent Application No. 09/852,547  
Filing Date: May 10, 2001  
Applicant: David A. Sirbasku

The following documents are attached for filing:

- Request for Continued Examination (RCE) Transmittal (PTO/SB/030)—(1 p.)
- Fee Transmittal for FY 2004 (PTO/SB/017)—(1 p.)
- Amendment and Response to Final Office Action dated October 8, 2003—(21 p.)

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Date: January 8, 2004

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(Signature of person faxing paper)

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PTO/SB/017 (10-03)

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| <b>FEE TRANSMITTAL<br/>For FY 2004</b>   |                            |  |                   | <b>Complete if Known</b>                |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
|--|----------------------------|--|-------------------|---|----------------------------|-----------------|----------|----------|----------|-------------------------------------|------------|--------------------|----------|--|-----|---------------------------|------------|---------------------------|-------------------|----------------------------|----------------------------|--|---------|------------|------------------------|--|---------|-----------------------------------|-------------|---|--|----------|---------|--|---------|----------|--|---|----|----------|----------|--|----|------------|----------|---|----|------------|------------|--|----|----------|----------|------------------|----|----------|----------|--|----|----------|----------|--------------------------|----|------------|------------|---|----|----------|---------|----------------------------------|----|------------|----------|------------------------------------|----|------------|----------|--------------------------------|----|----------|----------|------------------|----|----------|----------|-----------------|----|----------|----------|-------------------------------|----|---------|---------|-------------------------------------|----|--------|--------|---|----|----------|----------|---|----|---------|---------|--|----|----------|----------|---|----|----------|----------|--|----|----------|----------|---|----------|----------|----------|---|----|------------------------------|--|--|--|-----------------------------------|--|--|--|------------------------------|--|--|--|--|--|--|--|----------------------------|----------------------------|-----------------|----------|----------|----------|--------------------|----|----------|----------|-------------------|----|----------|----------|------------------|----|----------|----------|--------------------|----|----------|---------|------------------------|----|------------------------|--|--|--|--|--|--|--|--------------|--------------|----------------|----------|----|------|-----|------------|--------------------|----|------|-----|---------------------------|--|--|-------------------|----------------------------|----------------------------|-----------------|---------|--------|------------------------|---------|---------|-----------------------------------|----------|----------|--|---------|---------|--|---------|--------|--|------------------------|--|--|---|--|--|--|---------------------|--|--|--|-----------------------------------|--|---|--|----------------------------------|--|---------------------------|--|--|--|-----------------------|--|
| <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>   |                            |  |                   | Application Number: 09/852,547          |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                            |  |                   | Filing Date: May 20, 2001               |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> \$385.00  |                            |  |                   | First Named Inventor: David A. Sirbasku |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>METHOD OF PAYMENT (Check all that apply)</b>  |                            |  |                   | Examiner Name: Karen A. Canella         |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 03-2769<br>Deposit Account Name: Conley Rose, P.C.  |                            |  |                   | Art Unit: 1642                          |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>FEE CALCULATION (continued)</b>   |                            |  |                   | Attorney Docket No.: 1944-00800         |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051 130</td> <td>2051 65</td> <td>Surcharge - late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>1052 50</td> <td>2052 25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>1053 130</td> <td>1812 2,520</td> <td>Non-English specification</td> <td>\$</td> </tr> <tr> <td>1812 2,520</td> <td>1812 2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td>\$</td> </tr> <tr> <td>18042 920*</td> <td>1804 920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>\$</td> </tr> <tr> <td>1805 1,840*</td> <td>1805 1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td>\$</td> </tr> <tr> <td>1251 110</td> <td>2251 55</td> <td>Extension for reply within first month</td> <td>\$</td> </tr> <tr> <td>1252 420</td> <td>2252 210</td> <td>Extension for reply within second month</td> <td>\$</td> </tr> <tr> <td>1253 950</td> <td>2253 475</td> <td>Extension for reply within third month</td> <td>\$</td> </tr> <tr> <td>1254 1,480</td> <td>2254 740</td> <td>Extension for reply within fourth month</td> <td>\$</td> </tr> <tr> <td>1255 2,010</td> <td>2255 1,005</td> <td>Extension for reply within fifth month</td> <td>\$</td> </tr> <tr> <td>1401 330</td> <td>2401 165</td> <td>Notice of Appeal</td> <td>\$</td> </tr> <tr> <td>1402 330</td> <td>2402 165</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>1403 280</td> <td>2403 140</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>1451 1,510</td> <td>1452 1,510</td> <td>Petition to institute a public use proceeding</td> <td>\$</td> </tr> <tr> <td>1452 110</td> <td>2452 55</td> <td>Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td>1453 1,330</td> <td>2453 665</td> <td>Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td>1501 1,330</td> <td>2501 665</td> <td>Utility issue fee (or reissue)</td> <td>\$</td> </tr> <tr> <td>1502 480</td> <td>2502 240</td> <td>Design issue fee</td> <td>\$</td> </tr> <tr> <td>1503 640</td> <td>2503 320</td> <td>Plant issue fee</td> <td>\$</td> </tr> <tr> <td>1460 130</td> <td>1460 130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>1807 50</td> <td>1806 50</td> <td>Processing fee under 37 CFR 1.17(g)</td> <td>\$</td> </tr> <tr> <td>123 50</td> <td>123 50</td> <td>Petitions related to provisional applications</td> <td>\$</td> </tr> <tr> <td>1806 180</td> <td>1806 180</td> <td>Submission of Information Disclosure Stmt</td> <td>\$</td> </tr> <tr> <td>8021 40</td> <td>8021 40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>\$</td> </tr> <tr> <td>1809 770</td> <td>2809 385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td>\$</td> </tr> <tr> <td>1810 770</td> <td>2810 385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td>\$</td> </tr> <tr> <td>1801 770</td> <td>2801 385</td> <td>Request for Continued Examination (RCE)</td> <td>\$385.00</td> </tr> <tr> <td>1802 900</td> <td>1802 900</td> <td>Request for expedited examination of a design application</td> <td>\$</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Other fee (specify) _____ \$</td> </tr> <tr> <td colspan="4" style="padding: 5px;">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;"><b>SUBTOTAL (3) \$385.00</b></td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <b>1. BASIC FILING FEE</b><br/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 770</td> <td>2001 385</td> <td>Utility filing fee</td> <td>\$</td> </tr> <tr> <td>1002 340</td> <td>2002 170</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>1003 530</td> <td>2003 265</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>1004 770</td> <td>2004 385</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;"><b>SUBTOTAL (1) \$</b></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>44</td> <td>63**</td> <td>0 x</td> <td>18.00 - \$</td> </tr> <tr> <td>Independent Claims</td> <td>19</td> <td>35**</td> <td>0 x</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>290.00 - \$ 00.00</td> </tr> </tbody> </table> <br/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent Claims in excess of 3</td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claims, if not paid</td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 5px;"><b>SUBTOTAL (2) \$</b></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="4" style="padding: 5px;">** or number previously paid, if greater; For Reissues, see above</td> </tr> <tr> <td colspan="4" style="padding: 5px;"><b>SUBMITTED BY</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Name (Print/Type): Carol G. Mintz</td> <td colspan="2" style="padding: 5px;">Registration No. (Attorney/Agent): 38,561</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature: <i>Carol G. Mintz</i></td> <td colspan="2" style="padding: 5px;">Telephone: (713) 238-8000</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">Date: January 8, 2004</td> </tr> </tbody> </table> |                            |  |                   | Large Entity Fee Code (\$)              | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 1051 130 | 2051 65  | Surcharge - late filing fee or oath | \$         | 1052 50            | 2052 25  | Surcharge - late provisional filing fee or cover sheet | \$  | 1053 130                  | 1812 2,520 | Non-English specification | \$                | 1812 2,520                 | 1812 2,520                 | For filing a request for <i>ex parte</i> reexamination | \$      | 18042 920* | 1804 920*              | Requesting publication of SIR prior to Examiner action | \$      | 1805 1,840*                       | 1805 1,840* | Requesting publication of SIR after Examiner action | \$                                     | 1251 110 | 2251 55 | Extension for reply within first month             | \$      | 1252 420 | 2252 210   | Extension for reply within second month | \$ | 1253 950 | 2253 475 | Extension for reply within third month | \$ | 1254 1,480 | 2254 740 | Extension for reply within fourth month | \$ | 1255 2,010 | 2255 1,005 | Extension for reply within fifth month | \$ | 1401 330 | 2401 165 | Notice of Appeal | \$ | 1402 330 | 2402 165 | Filing a brief in support of an appeal | \$ | 1403 280 | 2403 140 | Request for oral hearing | \$ | 1451 1,510 | 1452 1,510 | Petition to institute a public use proceeding | \$ | 1452 110 | 2452 55 | Petition to revive - unavoidable | \$ | 1453 1,330 | 2453 665 | Petition to revive - unintentional | \$ | 1501 1,330 | 2501 665 | Utility issue fee (or reissue) | \$ | 1502 480 | 2502 240 | Design issue fee | \$ | 1503 640 | 2503 320 | Plant issue fee | \$ | 1460 130 | 1460 130 | Petitions to the Commissioner | \$ | 1807 50 | 1806 50 | Processing fee under 37 CFR 1.17(g) | \$ | 123 50 | 123 50 | Petitions related to provisional applications | \$ | 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | \$ | 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | \$ | 1809 770 | 2809 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) | \$ | 1810 770 | 2810 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | \$ | 1801 770 | 2801 385 | Request for Continued Examination (RCE) | \$385.00 | 1802 900 | 1802 900 | Request for expedited examination of a design application | \$ | Other fee (specify) _____ \$ |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3) \$385.00</b> |  |  |  | <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 770</td> <td>2001 385</td> <td>Utility filing fee</td> <td>\$</td> </tr> <tr> <td>1002 340</td> <td>2002 170</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>1003 530</td> <td>2003 265</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>1004 770</td> <td>2004 385</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;"><b>SUBTOTAL (1) \$</b></td> </tr> </tbody> </table> |  |  |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 1001 770 | 2001 385 | Utility filing fee | \$ | 1002 340 | 2002 170 | Design filing fee | \$ | 1003 530 | 2003 265 | Plant filing fee | \$ | 1004 770 | 2004 385 | Reissue filing fee | \$ | 1005 160 | 2005 80 | Provisional filing fee | \$ | <b>SUBTOTAL (1) \$</b> |  |  |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>44</td> <td>63**</td> <td>0 x</td> <td>18.00 - \$</td> </tr> <tr> <td>Independent Claims</td> <td>19</td> <td>35**</td> <td>0 x</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>290.00 - \$ 00.00</td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent Claims in excess of 3</td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claims, if not paid</td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 5px;"><b>SUBTOTAL (2) \$</b></td> </tr> </tbody> </table> |  |  |  | Total Claims | Extra Claims | Fee from below | Fee Paid | 44 | 63** | 0 x | 18.00 - \$ | Independent Claims | 19 | 35** | 0 x | Multiple Dependent Claims |  |  | 290.00 - \$ 00.00 | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | 1202 18 | 2202 9 | Claims in excess of 20 | 1201 86 | 2201 43 | Independent Claims in excess of 3 | 1203 290 | 2203 145 | Multiple dependent claims, if not paid | 1204 86 | 2204 43 | ** Reissue independent claims over original patent | 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) \$</b> |  |  | ** or number previously paid, if greater; For Reissues, see above |  |  |  | <b>SUBMITTED BY</b> |  |  |  | Name (Print/Type): Carol G. Mintz |  | Registration No. (Attorney/Agent): 38,561 |  | Signature: <i>Carol G. Mintz</i> |  | Telephone: (713) 238-8000 |  |  |  | Date: January 8, 2004 |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid          |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1051 130   | 2051 65                    | Surcharge - late filing fee or oath  | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1052 50  | 2052 25                    | Surcharge - late provisional filing fee or cover sheet                     | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1053 130   | 1812 2,520                 | Non-English specification  | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1812 2,520   | 1812 2,520                 | For filing a request for <i>ex parte</i> reexamination                     | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 18042 920*   | 1804 920*                  | Requesting publication of SIR prior to Examiner action                     | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1805 1,840*  | 1805 1,840*                | Requesting publication of SIR after Examiner action                        | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1251 110   | 2251 55                    | Extension for reply within first month                                     | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1252 420   | 2252 210                   | Extension for reply within second month                                    | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1253 950   | 2253 475                   | Extension for reply within third month                                     | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1254 1,480   | 2254 740                   | Extension for reply within fourth month                                    | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1255 2,010   | 2255 1,005                 | Extension for reply within fifth month                                     | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1401 330   | 2401 165                   | Notice of Appeal   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1402 330   | 2402 165                   | Filing a brief in support of an appeal                                     | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1403 280   | 2403 140                   | Request for oral hearing   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1451 1,510   | 1452 1,510                 | Petition to institute a public use proceeding                              | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1452 110   | 2452 55                    | Petition to revive - unavoidable   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1453 1,330   | 2453 665                   | Petition to revive - unintentional   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1501 1,330   | 2501 665                   | Utility issue fee (or reissue)   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1502 480   | 2502 240                   | Design issue fee   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1503 640   | 2503 320                   | Plant issue fee  | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1460 130   | 1460 130                   | Petitions to the Commissioner  | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1807 50  | 1806 50                    | Processing fee under 37 CFR 1.17(g)  | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 123 50   | 123 50                     | Petitions related to provisional applications                              | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1806 180   | 1806 180                   | Submission of Information Disclosure Stmt                                  | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 8021 40  | 8021 40                    | Recording each patent assignment per property (times number of properties) | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1809 770   | 2809 385                   | Filing a submission after final rejection (37 CFR § 1.129(a))              | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1810 770   | 2810 385                   | For each additional invention to be examined (37 CFR § 1.129(b))           | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1801 770   | 2801 385                   | Request for Continued Examination (RCE)                                    | \$385.00          |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1802 900   | 1802 900                   | Request for expedited examination of a design application                  | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| Other fee (specify) _____ \$   |                            |  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| *Reduced by Basic Filing Fee Paid  |                            |  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>SUBTOTAL (3) \$385.00</b>   |                            |  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 770</td> <td>2001 385</td> <td>Utility filing fee</td> <td>\$</td> </tr> <tr> <td>1002 340</td> <td>2002 170</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>1003 530</td> <td>2003 265</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>1004 770</td> <td>2004 385</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;"><b>SUBTOTAL (1) \$</b></td> </tr> </tbody> </table>   |                            |  |                   | Large Entity Fee Code (\$)              | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 1001 770 | 2001 385 | Utility filing fee                  | \$         | 1002 340           | 2002 170 | Design filing fee                                      | \$  | 1003 530                  | 2003 265   | Plant filing fee          | \$                | 1004 770                   | 2004 385                   | Reissue filing fee                                     | \$      | 1005 160   | 2005 80                | Provisional filing fee                                 | \$      | <b>SUBTOTAL (1) \$</b>            |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid          |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1001 770   | 2001 385                   | Utility filing fee   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1002 340   | 2002 170                   | Design filing fee  | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1003 530   | 2003 265                   | Plant filing fee   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1004 770   | 2004 385                   | Reissue filing fee   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1005 160   | 2005 80                    | Provisional filing fee   | \$                |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>SUBTOTAL (1) \$</b>   |                            |  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>44</td> <td>63**</td> <td>0 x</td> <td>18.00 - \$</td> </tr> <tr> <td>Independent Claims</td> <td>19</td> <td>35**</td> <td>0 x</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>290.00 - \$ 00.00</td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent Claims in excess of 3</td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claims, if not paid</td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 5px;"><b>SUBTOTAL (2) \$</b></td> </tr> </tbody> </table>   |                            |  |                   | Total Claims                            | Extra Claims               | Fee from below  | Fee Paid | 44       | 63**     | 0 x                                 | 18.00 - \$ | Independent Claims | 19       | 35**   | 0 x | Multiple Dependent Claims |            |                           | 290.00 - \$ 00.00 | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description  | 1202 18 | 2202 9     | Claims in excess of 20 | 1201 86  | 2201 43 | Independent Claims in excess of 3 | 1203 290    | 2203 145  | Multiple dependent claims, if not paid | 1204 86  | 2204 43 | ** Reissue independent claims over original patent | 1205 18 | 2205 9   | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) \$</b>                  |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| Total Claims   | Extra Claims               | Fee from below   | Fee Paid          |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 44   | 63**                       | 0 x  | 18.00 - \$        |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| Independent Claims   | 19                         | 35**   | 0 x               |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| Multiple Dependent Claims  |                            |  | 290.00 - \$ 00.00 |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1202 18  | 2202 9                     | Claims in excess of 20   |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1201 86  | 2201 43                    | Independent Claims in excess of 3  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1203 290   | 2203 145                   | Multiple dependent claims, if not paid                                     |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1204 86  | 2204 43                    | ** Reissue independent claims over original patent                         |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| 1205 18  | 2205 9                     | ** Reissue claims in excess of 20 and over original patent                 |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>SUBTOTAL (2) \$</b>   |                            |  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| ** or number previously paid, if greater; For Reissues, see above  |                            |  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| <b>SUBMITTED BY</b>  |                            |  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| Name (Print/Type): Carol G. Mintz  |                            | Registration No. (Attorney/Agent): 38,561                                  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
| Signature: <i>Carol G. Mintz</i>   |                            | Telephone: (713) 238-8000  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |
|  |                            | Date: January 8, 2004  |                   |   |                            |                 |          |          |          |                                     |            |                    |          |  |     |                           |            |                           |                   |                            |                            |  |         |            |                        |  |         |                                   |             |   |  |          |         |  |         |          |  |   |    |          |          |  |    |            |          |   |    |            |            |  |    |          |          |                  |    |          |          |  |    |          |          |                          |    |            |            |   |    |          |         |                                  |    |            |          |                                    |    |            |          |                                |    |          |          |                  |    |          |          |                 |    |          |          |                               |    |         |         |                                     |    |        |        |   |    |          |          |   |    |         |         |  |    |          |          |   |    |          |          |  |    |          |          |   |          |          |          |   |    |                              |  |  |  |                                   |  |  |  |                              |  |  |  |  |  |  |  |                            |                            |                 |          |          |          |                    |    |          |          |                   |    |          |          |                  |    |          |          |                    |    |          |         |                        |    |                        |  |  |  |  |  |  |  |              |              |                |          |    |      |     |            |                    |    |      |     |                           |  |  |                   |                            |                            |                 |         |        |                        |         |         |                                   |          |          |  |         |         |  |         |        |  |                        |  |  |   |  |  |  |                     |  |  |  |                                   |  |   |  |                                  |  |                           |  |  |  |                       |  |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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|  |                        |                   |
|--|------------------------|-------------------|
| <b>Request<br/>For<br/>Continued Examination (RCE)<br/>Transmittal</b><br><br>Address to:<br>Mail Stop RCE<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number     | 09/852,547        |
|  | Filing Date            | May 10, 2001      |
|  | First Named Inventor   | David A. Sirbasku |
|  | Art Unit               | 1642              |
|  | Examiner Name          | Karen A. Canella  |
|  | Attorney Docket Number | 1944-00800        |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. ☐ Submission required under 37 C.F.R. § 1.114. Note: If the RCE is proper, any previously filed unentered amendments which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

ii. ☐ Other

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other

2. ☐ Miscellaneous

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)

b. ☐ Other

3. ☐ Fees

The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

a. ☒ The director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-2769

i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)

ii. ☐ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)

iii. ☐ Other

b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

|                   |                       |                                   |                 |
|-------------------|-----------------------|-----------------------------------|-----------------|
| Name (Print/Type) | Carol G. Mintz        | Registration No. (Attorney/Agent) | 38,561          |
| Signature         | <i>Carol G. Mintz</i> | Date                              | January 8, 2004 |

## CERTIFICATE OF MAILING OR TRANSMISSION

|  |                       |      |          |
|--|-----------------------|------|----------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below. |                       |      |          |
| Name (Print/Type)  | CAROL G. MINTZ        |      |          |
| Signature  | <i>Carol G. Mintz</i> | Date | 1/8/2004 |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.